2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address

SIGNATURE:

FILED Apr 19, 2007 08:00 A Secretary of State DOCUMENT # P03000115383 1. Entity Namo LORETTE RICHARD REALTOR, P.A. Principal Place of Business Mailing Address 1918 INNISBROOK CT 1918 INNISBROOK CT VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-0313252 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BETTERTON, GREG A Street Address (P.O. Box Number is Not Acceptable) 981 RIDGEWOOD AVE. SUITE 101 VENICE FL 34293 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 11111 ■ Addition TITLE Delete U00000716423 RICHARD, LORETTE NAMI NAME 1918 INNISBROOK 04/30/07-80008-004 150.00 SIBILL ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZII CRY-SI-ZIE 1011 ☐ Defete TITLE ☐ Change Addition NAMI SIRGLI ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP HILE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-7IP HILL ☐ Delete ☐ Change Addition NAM STINET LADDRESS STREEL ADDRESS CHY-ST-ZIP CITY - ST - ZIP HILL Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP Delete ■ Addition NAME NAME STRLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an efficie or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11